



www.europe.tricare.osd.mil

Your Passport to Quality Health

Winter 2004

COMPASS

New Reserve Component Benefits for 2004

With the recent signing of the National Defense Authorization Act for 2004, there are several new provisions revising statutory authorities for health care services for reserve component (RC) members and their families:

❶ Authorization for Medical or Dental Screening or Care at no Cost for Members of Ready Reserve Ordered to Active Duty

- *Authorizes (but does not require) medical and dental screening and care necessary to ensure that member meets applicable medical and dental standards for deployment*
- *Screening/care may be provided any time after member is "notified" that he/she is to be called or ordered to active duty.*
- *Members when notified of a call or ordered to active duty "shall be notified" of their eligibility for such screening and care.*
- *Members may not be charged for screening/care.*

❷ Expansion of Time Period Reservist is Considered to be on Active Duty for the Purpose of TRICARE Eligibility

- *A reserve component member who is issued a delayed-effective-date active duty order will be considered as being on active duty for more than 30 days beginning on the later of the date that is:*
 - *The date of issuance of the order; or*
 - *90 days before the date that active duty period begins*
- *Reserve component and family members are eligible for TRICARE under this section*
- *Termination of Authority is Dec. 31, 2004*

❸ Reserve Member Eligibility for Transitional Assistance Medical Program (TAMP)

- *Transitional health care shall be available for 180 days beginning on the date the member is separated from active duty*
- *This only applies to separations from active duty that take effect on or after November 6, 2003, and on or before December 31, 2004*
- *Termination of Authority - December 31, 2004. On January 1, 2005, the period for which a member is provided transitional health care will revert to what it is currently (i.e., 60 or 120 days)*

There are many details about the implementation of these new provisions that still need to be worked out, especially in terms of how the provisions will be implemented overseas. At the time of this publication, TRICARE Europe is awaiting further guidance from TRICARE Management Activity.

In the meantime, TRICARE Service Center staff are advised to forward all questions, comments, and concerns regarding the new RC Benefit Pilot Program to TRICARE Europe Regional Operations at 496-6320 until further notice.

The provisions have an effective date of Nov. 6, 2003, through Dec. 31, 2004. Please note that TRICARE Management Activity advises all members of the Reserve Components to save receipts, Explanations of Benefits (EOB) and other claim-related information for healthcare services that they and/or their family members obtain from Nov. 6, 2003 onward.

This information is necessary in order that they may potentially obtain retroactive reimbursement.

We will ensure you have the latest information on these expanded benefits as new details become available.

Non-Availability Statements No Longer Required! See page 7

TRICARE Europe Sets 2004 Strategic Goals

Col James Rundell
Executive Director

Tricare Europe recently concluded its Winter TRICARE Europe Council (TEC) meeting and Executive Steering Committee (ESC) meeting in Brussels, Belgium.

The European theater's 52 Medical Treatment Facility commanders were invited to the biannual TEC meeting for a two-day update on current and on-the-horizon TRICARE issues.

During this TEC, the group heard plenary talks on the Next Generation of TRICARE contracts in the continental U.S., network adequacy in Europe, host nation health care quality, Army plans for reintegration and reconstitution of redeploying Operation Iraqi Freedom forces, and many other topics.

For the first time, we also hosted breakout sessions covering diverse topics such as proposals to assist network development and management around MTFs, open access, new commander topics, the TRICARE Europe Managed Care Optimization and Analysis Tool, and morbid obesity surgery issues. Most of these briefings are now available for download (see page 3).

The annual ESC strategic off-site meeting occurred on the day before the TEC kicked off. The TRICARE Europe ESC is comprised of the European Command Surgeon, the command surgeons for the three component services in Europe, the TRICARE Europe Executive Director, a dental representative, and one MTF commander representative from each military service branch in Europe. This group provides strategic guidance for TRICARE Europe, as embodied in a "Balanced Scorecard" strategic planning format.

For 2003, the ESC provided TRICARE Europe with seven strategic goals which provided the basis for staffing, funding and scope of activity during the year:

- ***Support Contingency Operations***
- ***Optimize the Health care System***
- ***Enhance Communications***

- ***Manage the Prime Remote Program***
- ***Enhance Data Quality and Use***
- ***Minimize Patient Movement***
- ***Improve Health Outcomes***

At this year's meeting, the ESC reviewed metrics regarding each of these goals. The ESC then decided to subordinate two of the goals (minimize patient movement and improve health outcomes) within the goal of optimizing the health care system, and to add two new strategic goals for 2004:

- ***Enable Transformation***
- ***Establish Plan for Multi-MTF Market Coordination Areas (MMCAs)***

When theater realignment and transformation plans are announced, TRICARE Europe will be ready to assist planners and commanders with network adequacy and quality assessments around locations that gain or lose populations, in order to ensure a smooth transition.

The concept of Multi-MTF Area Coordination was developed after TRICARE Europe conducted a market area analysis during 2003, with emphases on network adequacy and network quality. This analysis revealed significant overlap in networks and quality monitoring activities in five large markets within Europe containing multiple MTFs: Southwest Germany, Italy, United Kingdom, Heidelberg Germany, and Würzburg Germany. TRICARE Europe will be working within its strategic guidance to develop ways to assist these areas in optimizing health care within those areas. For example, TEO will study ways to further assist the MTFs in Italy to build upon their recent success in increasing mutual assistance and help for each other.

We at TRICARE Europe envision exciting times ahead and look forward to working in a cooperative venture to continually improve the adequacy and quality of health care in the years to come.

Leaders Meet in Brussels for TRICARE Europe Council

Military Treatment Facility & Branch Medical Clinic commanders, Component Service surgeons, and senior TRICARE Europe staff converged on Brussels, Belgium from locales throughout Europe Dec. 10-11 for the biannual TRICARE Europe Council Meeting.

The TEC meeting is a chance for medical leaders to exchange ideas and address common concerns, as well as a forum for TRICARE Europe staff to get the word out on major programs, updates, and initiatives.

The following presentations from the meeting are available for download on the TRICARE Europe website. POCs for each briefing can also be found online.

•Best Practices Presentations

Col Steve McGuire, 48th Medical Group Commander, discussed customer satisfaction at RAF Lakenheath, UK; **LTC Ron Keen**, commander of the Army Health Clinic at Weisbaden, Germany, presented an overview of the Soldier Medical Readiness Center; and **CAPT Denzel Garner**, Commander of U.S. Naval Hospital Sigonella, Italy, discussed the "Choice program" at his facility.

•EUCOM Operation Medicine Update

Col Byron Hepburn
European Command Surgeon General

•International SOS Overview

Dr Neil Nerwich
International SOS Regional & Deputy Group Medical Director for Europe, Middle East, and Africa

•Keynote: Overview of New TRICARE Contracts

CAPT Daniel Wasnechek
TRICARE Management Activity Director of Regional Operations.

•Morbid Obesity Surgery

Ms Linda Glynn
TRICARE Europe Nurse Case Manager

•Managed Care Optimization & Analysis Tool

Capt Ted Lemon
TRICARE Europe Information Officer

•Network Adequacy and Medical Update

COL Gail Williamson
TRICARE Europe Health Care Operations Director
LTC (Dr) George Patrin
TRICARE Europe Medical Director

•Open Access

LTC (Dr) George Patrin
TRICARE Europe Medical Director

•Patient Movement Update

Col (sel) Kelley Kash
Director, Theater Patient Movement Requirements Center

•Proposed Contract for Additional Host Nation Services

MAJ Damon Baine
TRICARE Europe Support Services Chief

•TRICARE Dental Program

Dr. George Schad
TRICARE Dental Program Coordinator

•TRICARE Europe Update, Update, & Activities

Col (Dr) James Rundell
TRICARE Europe Executive Director

•TRICARE Next Generation — What You Need to Know

Lt Col Diane Reese
TRICARE Europe Deputy Executive Director

•TRICARE Pacific Overview

CDR Phil Stanley
TRICARE Pacific Medical Director

•USAREUR Reintegration Model

COL Casey Jones
European Regional Medical Center Deputy Commander and U.S. Army Europe Deputy Command Surgeon

DOWNLOAD Presentations!

www.europe.tricare.osd.mil/main/conferences/2003/tec-fy04-fall/

Host Nation Provider's Due Access

Martin Hollingworth

Partnership & Preferred Provider Coordinator

Every once in a while a conflict will occur between host nation providers and our patients.

Reality is that our host nation providers generally do a good job of taking care of us and 94 percent of our patients say that they would in fact return to see the same doctor if it ever became necessary.

But sometimes our host nation providers have difficulties dealing with some of the cultural differences required/perceived to care for some of our challenging patients.

Occasionally, an issue escalates requiring intervention by the military treatment facility.

Bottom line: there are always two sides to a story and we should all ensure that we listen to both of them (the patient and the provider version) before judgment is passed. History has shown that by improving our communication skills, clarification and agreement can nearly always be achieved, differences are overcome and problems rectified.

To facilitate these communication goals, patients are encouraged to document each of their host-nation provider experiences in the form

of a *Customer Comment Card* so that services and impressions can be properly evaluated.

Each provider in the Preferred Provider Network also signs a memorandum of understanding and, together with the MTF commander, agrees to talk about any differences, perceived or real, if and when they occur.

Lawyers remind us that this art of discussion is an integral part of the "due process" but the bottom line is that communication is the name of the game. This is true not just for continuity of care, but it's also the right thing to do.

Medical Director's Corner

LTC George Patrin

TRICARE Europe Medical Director

Last issue I discussed key strategies for addressing resourcing concerns. Did you agree with the sense of being stuck in an "endless cycle of healthcare catch-up?" The solution to improving this situation involves achieving a theater management strategy for healthcare improvement, implementing concepts addressed in the host nation quality of care policy.

To understand how the policy is relevant at all levels one needs to understand the market, or end-users, for which it was written. The goal is to set standards for quality that should be expected at every level and by every individual. The chart below identifies levels of command and lanes of responsibility for supporting military readiness at every level. Who has direct responsibility for setting up the local Preferred Provider Network (PPN) in OCONUS areas, since we do not have a Managed Care Support Contract (MCSC) as they have in the States?

TRICARE is striving to provide quality managed care standardized across the spectrum of healthcare service areas. DoD, HA, TMA, and Service COMMANDS are interested in the entire spectrum of care, with Service component commanders responsible for both direct and local PPN care surrounding their medical treatment facilities (MTF). (Similarly, remote areas have a health unit, or embassy, providing medical care support.) Patients and support staff often shift from one area to another, especially with current deployments, and the population of retirees, reservists, national guard, contractors, and other "space available" patients, seek care in all areas, making a global approach even more important.

We currently have no Managed Care Support Contract (MCSC) in Europe to handle these shared areas. In areas with more than one Service providing overlapping direct care, a market approach is especially needed to avoid confusion and duplicated effort.

Recent TRICARE Course First of Many to be Held in Europe

Uli Engel

Deputy Chief, Regional Operations

TRICARE Europe sponsored the first TRICARE Fundamental Course held in the TRICARE Europe Region during the first week in December.

The course, held in Kaiserslautern, Germany, was conducted by Mr. Ron Peoples and Mr. Joe Cruz from the Communication and Customer Service Division at the TRICARE Management Office in Washington

DC.

The primary audience of the course were Beneficiary Counseling and Assistance Coordinators (BCACs), Health Benefit Advisors (HBAs), Debt Collection Assistance Officers (DCAOs) and other TRICARE staff who were on their initial TRICARE assignment.

Course modules covered the various TRICARE options and benefits as well as hot topics such as Reserve Component issues,

transitional health care coverage, TRICARE for Life, and customer service issues.

The TRICARE Professional Course will be held in October 2004 in Mainz, Germany. This course will be for experienced TRICARE staff who have successfully completed the Fundamental Course.

Updates and information on this course, as well as future fundamental courses, will be posted on the TRICARE Europe website.

Tips & Tools for Marketing POCs

Brenda Marshall

Public Affairs & Marketing Administrative Assistant

We want to ensure that your TRICARE Service Center has the most up-to-date TRICARE Europe literature as possible. Our marketing page is packed with lots of helpful information for your use, as well as links to marketing products. Log on at <https://telemed.europe.tricare.osd.mil/main/PAO/OrderForm/default.asp>. Click on the blue "Marketing News" button for the latest marketing news updates.

Below are the key items produced by TRICARE Europe. These items are available for download and can be printed either by your TSC or your printing office:

- **Fact Sheets** — Refer your beneficiaries to our online fact sheets or print them out for use at your TSC. Note that we also have fact sheets available for use on handheld computers.
- **Compass Newsletter** — This quarterly newsletter is for Military Health System staff who work within TRICARE Europe's area of responsibility
- **Beneficiary Newsletter** — This quarterly newsletter is available for your beneficiaries
- **News Releases/Advisories**

Please take a moment to visit our site and let us know what you think. Your valued feedback is our driving force when updating or creating new marketing material.

Password Required

All marketing POCs and alternates must have a username and password in order to access most of the information on the TRICARE marketing page. If you are a new POC, call us so we can set you up with an account. Once we confirm your contact information, we will send you a security agreement

form for you to review and sign. Please fax the form back to me at your earliest convenience. Our fax number is DSN 496-6374. The online marketing training takes approximately 15 minutes and can be done over the phone.

Prime & Remote Passport

The passports were shipped from our contractor in late October/early November. If your TSC has not received items ordered, please contact us immediately. If your orders were received, but your TSC has not completed the marketing verification page information, please do so ASAP! We cannot close out this order until this process is complete.

Self Care Books

We are experiencing a delay with the October 2003 *Take Care of Yourself* and *Take Care of Your Child* book order. Our TRICARE Europe contract specialist has been in frequent communication with our contractor and is taking steps to ensure that the books will be delivered directly to the TSC or APO address as soon as possible. If your TSC receives a notification to provide a completed customs clearance form (AE 302), simply contact your Freight/Shipping/BMCT/Transportation representative. The representative will then advise you of their protocol for completing this form. We will continue to keep you updated on this delayed order.

Please don't hesitate to contact us!

Public Affairs and Marketing
TRICARE Europe Office

Phone: DSN: 496-6315 Com: 06302-67-6315

International: 011-49-6302-67-6315

Email: troy.kitch@europe.tricare.osd.mil

Enterprise Wide Referral & Authorization System Launches

Capt Ted Lemon
Information Officer

On Dec. 28, the first phase of the Enterprise Wide Referral & Authorization System (EWRAS) deployed, with the addition of a Non-Availability Statement (NAS) module to TRICARE Online. A NAS is a form completed by the MTF allowing a patient to receive care outside the network.

EWRAS is a very critical application in Europe because, with the implementation of this new system, MTF's will no longer have access to the NAS function currently used in Composite Health Care System (CHCS).

A NAS is typically issued for TRICARE Standard patients, but in Europe the NAS is also used to issue care authorizations for TRICARE Prime patients. This system will be the only way to issue care authorizations in Europe.

The following are some quick Q&As addressing some of the most common concerns:

Q: Will there be a transition period?

A: A transition period has not been approved by TMA to date, but TMA is working on a contingency plan in the event that the system fails to perform as anticipated.

Q: Will local nationals be able to register on the TRICARE Online portal?

A: According to TRICARE Management Activity officials, all required users will have access to EWRAS. This includes local nationals who do not have Social Security numbers or Foreign Identification numbers.

Q: Will training be provided prior to release of EWRAS?

A: TMA held three training sessions via teleconference in Dec. 2003. I will be contacting each site and working with EWRAS users on a one-on-one basis to assist those with questions or concerns.

Q: How do I access EWRAS? How do I get an account?

A: EWRAS can be accessed via TRICARE Online at www.tricareonline.com. You will register there as well for EWRAS access.

Q: Who can we contact for support?

A: Capt Ted Lemon @ DSN 314-496-6322 or by email at ted.lemon@europe.tricare.osd.mil.

*** Visit www.tricare.osd.mil/tai/ewras.htm for information about the Enterprise Wide Referral & Authorization System. EWRAS is now used worldwide to issue Nonavailability Statements.**

*** EWRAS users will use the TRICARE Online portal to access the new system. To access EWRAS, log on to www.tricareonline.com and choose 'Site Registration' for "Other TOL Users." Then select the button for 'Medical Support Staff.'**

NAS No Longer Required

Troy Kitch

Public Affairs & Marketing

Military medical treatment facilities in Europe no longer issue nonavailability statements (NAS) to TRICARE Standard beneficiaries for non-emergency inpatient care as of Dec. 28, 2003.

This change, mandated by Congress, means that Standard beneficiaries no longer require an NAS prior to seeking most types of civilian inpatient care.

In Europe, only TRICARE Standard beneficiaries will be affected by this change. TRICARE Prime beneficiaries will still require referral and authorization from their Primary Care Manager prior to seeking any non-emergency civilian care.

An exception to this change in procedure is for mental health care. Standard beneficiaries who seek mental health care still require a NAS from their servicing MTF before visiting a civilian provider for inpatient care. This will ensure proper reimbursement from TRICARE.

All beneficiaries seeking cosmetic, plastic, reconstructive, or morbid obesity surgeries or treatments must contact their local TRICARE Service Center before a

civilian provider performs any procedure as well.

TRICARE coverage for these types of surgeries or treatments is very limited. The preauthorization requirement is a separate program from the NAS that ensures that treatments sought by beneficiaries will be covered by TRICARE.

Patients who seek maternity care after Dec. 28 do not need a NAS and may seek care with any civilian provider in the TRICARE network (patients may face out-of-pocket costs if they choose a provider outside of the TRICARE network).

TRICARE Europe officials recommend advising beneficiaries to continue checking with their TRICARE Service Center prior to any inpatient or outpatient procedure to verify coverage and advise beneficiaries about potential out-of-pocket costs for non-covered procedures.

With the elimination of the NAS, TRICARE Standard beneficiaries will enjoy greater choice in where they receive their care. However, TRICARE Europe officials emphasize that certain types of care still require close coordination and approval.

SGM Harry Robinson, TRICARE Management Activity Senior Enlisted Advisor, recently visited the Supreme Allied Headquarters Europe Health Care Facility near Mons, Belgium.

Robinson frequently visits facilities around the world to hear enlisted concerns and provide feedback and advice to personnel in the field. He would love to hear from you! Robinson can be reached at harry.robinson@tma.osd.mil or DSN 761-1770.

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I am a TRICARE Remote beneficiary. With the recent change in our remote health care benefit, I need to know if I should continue to use my U.S. Embassy Doctor?*

A: For active duty members, the U.S. Embassy doctor or Health Unit provider is usually the first stop for health care needs. If the provider determines that your health care needs cannot be met at the Embassy, then you will be referred to a International SOS network provider. With International SOS, you can expect cashless and claimless service and quality care administered by credentialed providers. Please note that family members may or may not have access to a U.S. Embassy provider at all locations. In any case, family members enrolled in TRICARE Prime in a remote locations can rely on International SOS services. Visit us online for more information at www.europe.tricare.osd.mil/benefit/remote. You may contact International SOS at anytime at 00-44-20-8762-8133. You may call them collect or ask them to call you back.

Q: *Does TRICARE Europe offer supplemental insurance to beneficiaries?*

A: While TRICARE Europe does not endorse any specific policy for purchase, TRICARE does offer a list of companies that provide supplemental policies. For more information on supplemental insurance, please see: www.tricare.osd.mil/supplementalinsurance.

Q: *I am currently deployed to Iraq from Europe. My dependent child is in the U.S. with a guardian until I return. Do I need to transfer his TRICARE enrollment or is this automatically done for me when I deploy?*

A: Enrollment transfers for dependents are not automatically done upon your deployment. If your dependent child will be outside of his or her enrollment region and the guardian has a power of attorney, the guardian can go to the nearest TRICARE Service Center and have the enrollment transferred. Upon your child's return to your overseas residence, visit your local TRICARE Service Center and have his or her enrollment transferred back to TRICARE Europe.

Marketing Your Medical Treatment Facility

LT John B. McCombs
Deputy, Communication Strategist
U.S. Naval Hospital, Rota, Spain

If your facility has not yet implemented a marketing department, you may wish to consider the value of doing so.

Although this is a new concept for most military hospitals, several DoD Medical Treatment Facilities around the world have implemented marketing departments and added marketing staff over the past few years.

National Naval Medical Center, Bethesda, Md.; Naval Hospital, Pensacola, Fl.; Scott Air Force Base, Ill.; and Naval Medical Center, San Diego, Ca. are among the pioneers who have served as a beacon for others striving to embed marketing departments in the MTF.

Naval Hospital, Rota, Spain, is currently implementing a marketing department using the knowledge and lessons learned from already-established departments. Here are a few points we have learned that may help if you are considering creating a marketing department:

Why Market?

Although overseas MTFs do not have the primary responsibility of marketing in order to maintain and enhance MTF catchment areas, that does not mean we do not have the responsibility to keep the beneficiary population informed of new health services, and preventive medicine or departmental initiatives.

Today's communication goes far beyond the local newspaper or mailed flyer. We should strive to provide proactive messages in all forms available to our patients regarding their access to care, availability of services, and prevention measures promoting

the desire to provide optimal health services.

Do your research

Too often we receive a new agenda for implementation and act before any planning or brainstorming is accomplished. To begin a new marketing campaign for a specific agenda item, here are some recommendations:

- Use the material provided by TRICARE as well as services offered by contractors (if available). TRICARE Europe provides downloadable marketing material at www.europe.tricare.osd.mil; TRICARE Management Activity provides many brochures, posters, and pamphlets that you can order at www.tricare.osd.mil.
- Focus on using and networking with other Department of Defense (DoD) MTF's
- Know your demographics (beneficiaries population)
- Target your information and message
- Integrate successful programs already in place

Appropriately position marketing in the MTF

This is a simple idea, but it is often overlooked. Marketing personnel need to have the pulse of the organization.

Too often marketers are not represented on boards, executive councils, and oversight committees.

The Public Affairs Office, Marketing Department, Health Promotions and similar departments should also coordinate projects and messages to ensure consistent communication throughout the organization.

The MTF should 'speak with one voice.'

Summary

Adequately marketing your MTF is more a necessity than ever.

Whether in CONUS or overseas, the need to communicate with your patient population is paramount. A marketing department embedded in your MTF will strengthen your patient's perceptions and confidence.

We owe our patient population the best forms of communication and information available. Proactive marketing will further enable our beneficiaries to make informed decisions regarding their healthcare.

In the first week of November 2003, Tricare Management Activity (TMA) hosted a Joint Service TRICARE Communications and Customer Service Training Conference to enhance, improve, and strengthen TRICARE customer service, communications, marketing, training/education and Web programs.

If you didn't make it to the conference, you can still download some excellent briefings presented by a wide array of military marketing and communication experts. Visit www.tricare.osd.mil/ccsconference/agenda.cfm.

We also encourage you to contact TRICARE Europe Public Affairs & Marketing for assistance as you endeavor to 'market your MTF.' We can be reached at teopao@europe.tricare.osd.mil or DSN 496-6315.

Briefs

Beneficiary Service Representative of the Quarter

Congratulations to Mr. Meziyet Demir, TRICARE Europe's Beneficiary Service Representative (BSR) of the Quarter. Demir is a Beneficiary Counselor and Assistance Coordinator with the 39th Medical Squadron TRICARE Service Center at Incirlik Air Base, Turkey. During the past quarter, Demir provided coordination, transportation, and translation services for 270 routine, urgent, and emergent patient referrals. He was also instrumental in dramatically increasing Incirlik's TRICARE Preferred Provider Network members from 62 to 242 host nation providers. *Editor's Note: The BSR of the Year will be announced in Jan. The annual winner will be posted on our website.*

TRICARE for Life Claims Based on Place of Service

If you are a TFL beneficiary living in Florida and you need care while visiting Europe, your claim will be processed by TRICARE Europe's processor, Wisconsin Physicians Service. Jurisdiction for processing health care claims under the TRICARE For Life Program is based on place of service not place of residence. WPS will process all claims submitted by an overseas provider — even if the TFL beneficiary is residing in the U.S. Policy guidance is found in the Managed Care Support Contract Operations Manual 6010.49-M, Chapter 8, Section 3.

'TRICARE4U' Training Coming Soon

Martin Hollingworth, TRICARE Europe Partnership & Preferred Provider Coordinator, will provide training to TSC staff about the use of Wisconsin Physicians Service's new "TRICARE4U" web portal (www.tricare4u.com) in 2004. Two levels of training will be provided. Level one will be held with MTF staff. Level two training will be provided for high-volume host nation providers. This new system, combined with the WPS toll-free provider telephone numbers, will enable TSCs to devote more time to other important issues. 'TRICARE4U' offers our Preferred Providers the opportunity to log on to a database to track their WPS claims; verify the beneficiary eligibility and their cost shares; and update their facility's telephone number, fax and email and office/billing address. If you want to participate in this training, contact Hollingworth at 496-6319 or martin.hollingworth@europe.tricare.osd.mil. Please visit our host nation home page and complete the 'TRICARE4U' "Yes I'm Interested" link no later than Jan. 15. (see <https://telemed.europe.tricare.osd.mil/ppn/ppnlogin.asp>)

The TRICARE Europe Compass is published quarterly by the TRICARE Europe Office, Unit 10310, APO AE 09136-0136.

Readers with questions or comments may contact us at:
 TRICARE Europe Office Public Affairs
 DSN: 496-6315 or Comm: 00-49-0-6302-67-6315
 E-mail: teo.pao@europe.tricare.osd.mil
 Article and photo submissions are welcome

Lead Agent BG Elder Granger
 Executive Director..... Col James Rundell
 Deputy Director..... Lt Col Diane Reese
 Editor..... Mr. Troy Kitch
 Editorial Support..... Mrs. Brenda Marshall
 Web Support..... Mr. Arthur Pedersen